

We made some minor corrections to the reported information, as well as some changes that improved the RBCrequirement.

These include pages 2, 6, 7, 25, 33.



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

THE WELLNESS PLAN

NAIC Group Code	1150 <small>(Current Period)</small>	1150 <small>(Prior Period)</small>	NAIC Company Code	95471	Employer's ID Number	38-2008890
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Dental Service Corporation []	
	Vision Service Corporation []		Other []		Health Maintenance Organization [X]	
	Hospital, Medical & Dental Service or Indemnity []		Is HMO, Federally Qualified? Yes [X]		No []	
Incorporated	11/08/1972		Commenced Business	02/28/1973		
Statutory Home Office	7700 SECOND AVENUE <small>(Street and Number)</small>			DETROIT, MI 48202 <small>(City or Town, State and Zip Code)</small>		
Main Administrative Office	7700 SECOND AVENUE <small>(Street and Number)</small>					
	DETROIT, MI 48202 <small>(City or Town, State and Zip Code)</small>			313-202-8500-27828 <small>(Area Code) (Telephone Number)</small>		
Mail Address	7700 SECOND AVENUE <small>(Street and Number or P.O. Box)</small>			DETROIT, MI 48202 <small>(City or Town, State and Zip Code)</small>		
Primary Location of Books and Records	7700 SECOND AVENUE <small>(Street and Number)</small>					
	DETROIT, MI 48202 <small>(City or Town, State and Zip Code)</small>			313-202-8500-27828 <small>(Area Code) (Telephone Number)</small>		
Internet Website Address	www.wellplan.com					
Statutory Statement Contact	Rao Kakarala Mr. <small>(Name)</small>			313-202-8500-27828 <small>(Area Code) (Telephone Number) (Extension)</small>		
	rkakarala@wellplan.com <small>(E-mail Address)</small>			313-202-6870 <small>(FAX Number)</small>		
Policyowner Relations Contact	7700 SECOND AVENUE <small>(Street and Number)</small>					
	DETROIT, MI 48202 <small>(City or Town, State and Zip Code)</small>			313-202-8500 <small>(Area Code) (Telephone Number) (Extension)</small>		

OFFICERS

President	Richard Eugene Standridge, M.D.	Secretary	Donn Robert Merrill
Treasurer			

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Kathleen Callahan	Bernard Francis Parker	Carol Ann Williams
Charles Francis Whitten, M.D.		

State of Michigan } ss
County of Wayne }

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Richard Eugene Standridge, M.D. President (Deputy Rehabilitator)	Donn Robert Merrill Secretary (Deputy Rehabilitator)	Treasurer
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Subscribed and sworn to before me this	a. Is this an original filing?	Yes [] No [X]
28th day of April, 2004	b. If no,	
	1. State the amendment number	1
	2. Date filed	04/28/2004
	3. Number of pages attached	

Polly J. Jones
Notary Public Wayne County, MI
August 17, 2007

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE THE WELLNESS PLAN

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 4 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 5 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE THE WELLNESS PLAN

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE THE WELLNESS PLAN

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	10,004,811	5.8	.61,702	55.9	10,004,811	
2. Intermediaries .....	.0	.0		.0		
3. All other providers	38,402,477	22.4	48,751	44.1	38,402,477	
4. Total capitation payments	48,407,288	28.3	110,453	100.0	48,407,288	.0
Other Payments:						
5. Fee-for-service	46,733,653	27.3	XXX	XXX	33,064,592	13,669,061
6. Contractual fee payments	49,186,024	28.7	XXX	XXX	49,186,024	
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	308,019	.2	XXX	XXX	308,019	
9. Non-contingent salaries	26,504,087	15.5	XXX	XXX	26,504,087	
10. Aggregate cost arrangements .....	.0	.0	XXX	XXX		
11. All other payments .....	.0	.0	XXX	XXX		
12. Total other payments	122,731,783	71.7	XXX	XXX	109,062,722	13,669,061
13. TOTAL (Line 4 plus Line 12)	171,139,071	100 %	XXX	XXX	157,470,010	13,669,061

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	6	7
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	5,911,788		3,794,755	2,117,033	317,555	1,799,478
2. Medical furniture, equipment and fixtures	2,294,913		1,606,051	688,862		688,862
3. Pharmaceuticals and surgical supplies	713,467			713,467		713,467
4. Durable medical equipment						
5. Other property and equipment	421,420		417,645	3,775	566	3,209
6. Total	9,341,588	0	5,818,451	3,523,137	318,121	3,205,016



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE THE WELLNESS PLAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION THE WELLNESS PLAN 2. (LOCATION)

NAIC Group Code		1150		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2003								NAIC Company Code		95471	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13			
			2	3													
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other			
Total Members at end of:																	
1. Prior Year		118,685	19	11,021				958		106,687							
2. First Quarter		117,525	22	9,438				821		107,244							
3. Second Quarter		116,122	17	8,918				671		106,516							
4. Third Quarter		113,418	16	7,303				942		105,157							
5. Current Year		110,453	15	6,036				944		103,458							
6. Current Year Member Months		1,375,374	216	97,606				11,037		1,266,515							
Total Member Ambulatory Encounters for Year:																	
7. Physician		311,867	80	35,998				4,071		271,718							
8. Non-Physician		302,040	146	29,758				3,374		268,762							
9. Total		613,907	226	65,756	0	0	0	7,445	0	540,480	0	0	0	0			
10. Hospital Patient Days Incurred		44,604	35	2,368				309		41,892							
11. Number of Inpatient Admissions		10,373	12	526				61		9,774							
12. Health Premiums Collected		224,373,399	38,620	13,520,436				1,890,535		208,923,808							
13. Life Premiums Direct		0															
14. Property/Casualty Premiums Written		0															
15. Health Premiums Earned		228,913,367	39,921	18,039,361				1,910,277		208,923,808							
16. Property/Casualty Premiums Earned		0															
17. Amount Paid for Provision of Health Care Services		171,139,071	36,155	17,154,910				1,781,126		152,166,880							
18. Amount Incurred for Provision of Health Care Services		188,187,035	39,828	17,998,648				2,002,601		168,145,958							

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE THE WELLNESS PLAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

THE WELLNESS PLAN

2. _____

NAIC Group Code	1150	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2003							NAIC Company Code		95471
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
Total Members at end of:														
1. Prior Year	118,685	19	11,021	0	0	0	958	0	106,687	0	0	0	0	
2. First Quarter	117,525	22	9,438	0	0	0	821	0	107,244	0	0	0	0	
3. Second Quarter	116,122	17	8,918	0	0	0	671	0	106,516	0	0	0	0	
4. Third Quarter	113,418	16	7,303	0	0	0	942	0	105,157	0	0	0	0	
5. Current Year	110,453	15	6,036	0	0	0	944	0	103,458	0	0	0	0	
6. Current Year Member Months	1,375,374	216	97,606	0	0	0	11,037	0	1,266,515	0	0	0	0	
Total Member Ambulatory Encounters for Year:														
7. Physician	311,867	80	35,998	0	0	0	4,071	0	271,718	0	0	0	0	
8. Non-Physician	302,040	146	29,758	0	0	0	3,374	0	268,762	0	0	0	0	
9. Total	613,907	226	65,756	0	0	0	7,445	0	540,480	0	0	0	0	
10. Hospital Patient Days Incurred	44,604	35	2,368	0	0	0	309	0	41,892	0	0	0	0	
11. Number of Inpatient Admissions	10,373	12	526	0	0	0	61	0	9,774	0	0	0	0	
12. Health Premiums Collected	224,373,399	38,620	13,520,436	0	0	0	1,890,535	0	208,923,808	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	228,913,367	39,921	18,039,361	0	0	0	1,910,277	0	208,923,808	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	171,139,071	36,155	17,154,910	0	0	0	1,781,126	0	152,166,880	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	188,187,035	39,828	17,998,648	0	0	0	2,002,601	0	168,145,958	0	0	0	0	

SCHEDULE A VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement)	28,422,937
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10	(1,474,163)
2.2 Totals, Part 3, Column 7	(1,539,310)
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13	0
4.2 Totals, Part 3, Column 9	0
5. Total profit (loss) on sales, Part 3, Column 14	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11	0
6.2 Totals, Part 3, Column 8	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	5,134,313
8. Book/adjusted carrying value at end of current period	20,275,151
9. Total valuation allowance	
10. Subtotal (Lines 8 plus 9)	20,275,151
11. Total nonadmitted amounts	
12. Statement value, current period (Page 2, real estate lines, current period)	20,275,151

SCHEDULE B VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	
3. Accrual of discount and mortgage interest points and commitment fees	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	
12. Total nonadmitted amounts	
13. Statement value of mortgages owned at end of current period	

SCHEDULE BA VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	(7,441,674)
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	5,134,313
2.2 Additional investment made after acquisitions	5,134,313
3. Accrual of discount	
4. Increase (decrease) by adjustment	3,387,556
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book/adjusted carrying value of long-term invested assets at end of current period	1,080,195
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	1,080,195
12. Total nonadmitted amounts	
13. Statement value of long-term invested assets at end of current period	1,080,195

Schedule D - Part 1A - Section 1
NONE

Schedule D - Part 1A - Section 2
NONE

Schedule DA - Part 2
NONE

Schedule DB - Part A - VBY
NONE

Schedule DB - Part B - VBY
NONE

Schedule DB - Part C - VBY
NONE

Schedule DB - Part D - VBY
NONE

Schedule DB - Part E - VBY
NONE

Schedule DB - Part F - Section 1
NONE

Schedule DB - Part F - Section 2
NONE

Schedule S - Part 1 - Section 2
NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	66,165,510		66,165,510
2. Accident and health premiums due and unpaid (Line 12).....	655,510		655,510
3. Amounts recoverable from reinsurers (Line 13.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	7,203,680		7,203,680
6. Total assets (Line 26)	74,024,700	0	74,024,700
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	45,841,077	0	45,841,077
8. Accrued medical incentive pool and bonus payments (Line 2).....	3,550,379		3,550,379
9. Premiums received in advance (Line 8).....	220,574		220,574
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	15,806,498		15,806,498
12. Total liabilities (Line 22).....	65,418,528	0	65,418,528
13. Total capital and surplus (Line 30).....	8,606,172	XXX	8,606,172
14. Total liabilities, capital and surplus (Line 31)	74,024,700	0	74,024,700
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance	0		
18. Reinsurance recoverable on paid losses	0		
19. Other ceded reinsurance recoverables	0		
20. Total ceded reinsurance recoverables	0		
21. Premiums receivable	0		
22. Unauthorized reinsurance	0		
23. Other ceded reinsurance payables/offsets	0		
24. Total ceded reinsurance payable/offsets	0		
25. Total net credit for ceded reinsurance	0		

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NONE

99999999 Control Totals

XXX

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	SEE EXPLANATION
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....	Yes [X] No []
3.	Will an actuarial certification be filed by March 1?.....	Yes [X] No []
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?.....	Yes [X] No []
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	Yes [X] No []
6.	Will the SVO Compliance Certification be filed by March 1?	Yes [X] No []
7.	Will the Life Supplement be filed the state of domicile and the NAIC by March 1?	SEE EXPLANATION
8.	Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?.....	SEE EXPLANATION

APRIL FILING

9.	Will Management's Discussion and Analysis be filed by April 1?.....	Yes [X] No []
10.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?.....	SEE EXPLANATION
11.	Will the Investment Risks Interrogatories be filed by April 1?	Yes [X] No []

JUNE FILING

12.	Will an audited financial report be filed by June 1 with the state of domicile?	Yes [X] No []
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EXPLANATIONS:

1. Not applicable.
7. Not applicable
8. Not applicable
10. Not applicable

BAR CODE:

OVERFLOW PAGE FOR WRITE-INS

M016 Additional Aggregate Lines for Page 16 Line 4.
*EXNONADMIT

0404. Prepaid Employee Benefits included in Cash.....	370,705	0	(370,705)
0405. Prepaid Employee Benefits included in Common Stocks.....	659,080	0	(659,080)
0497. Summary of remaining write-ins for Line 4 from Page 16	1,029,785	0	(1,029,785)

OVERFLOW PAGE FOR WRITE-INS
